

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vstdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1	Method of access you are requesting		
<input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable 13a <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name City of Tacoma Dept of Public Utilities			
Contract contact/manager (<i>IVIPS and Bulk records accounts</i>) Kyrra Wilson		Signing Authority name (<i>Bulk records accounts only</i>)	
(Area code) Phone number (253) 502-8824		Email (<i>required for IVIPS and Bulk records</i>) kwilson@cityoftacoma.org	
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 3628 South 38th St., Tacoma WA 98409			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
<p>Tacoma Power, Dept. of Public Utilities is a citizen-owned electric utility that operates four hydroelectric projects in this state that includes project lands and reservoirs. These projects, lands and reservoirs are located within Lewis, Pierce, Thurston, Mason and Grays Harbour counties.</p>			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input checked="" type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent		<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input checked="" type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input checked="" type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	
		<input type="checkbox"/> Service bureau for another business Provide business name: <hr/> <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: <hr/> <input type="checkbox"/> Other (explain) <hr/>	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

The information will be used to contact registered owners of vehicles and vessels left on City property for extended periods of time, left abandoned or left parked in non-designated areas on City property. The information will be used by the Lands Officer for Tacoma Power.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? Sell Provide No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The information might be provided local tow companies, hulk haulers, and other City employees who are involved in the notification of registered owners or the removal of abandoned/hulk vehicles and vessels from City property.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

We only use state approved/registered tow companies and hulk haulers and the information Tacoma Power will provide is required under state law for the removal/disposal of derelict vehicles and vessels.

How will you provide the information to recipients? Explain.

The information will be provided by phone, fax, email or certified mail.

6 Owner contact

Will you contact the vehicle/vessel owner? Yes No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

They will be contacted so they have an opportunity to remove their vehicle/vessel prior to the City having it towed, impounded or disposed of by a tow company or hulk hauler. The vehicle/vessel owner will be by certified mail.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? Yes No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? Yes No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? Yes No

8 Check all that apply

I represent a government agency. Agency name: City of Tacoma, Dept of Public Utilities

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?..... Yes No

I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

I am an attorney.* Attach legible copies of:

- your current business license
- your current bar card

I am a private investigator.* Attach legible copies of:

- your current Private Investigator license
- your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Lands Officer

Title

X Kyrra Wilson

Signature

12/19/2014 Pierce Co.

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services.

If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

IVIPS Use and Disclosure Contract
Attachment B
User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name City of Tacoma, Dept of Public Utilities	IVIPS account number 13a
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1. TYPE or PRINT Employee name No other users	User sub-account number
2. Employee name	User sub-account number
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.

Redaction Log

Reason	Page (# of occurrences)	Description
13a	1 (1) 5 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6a	1 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.